City of Las Vegas Parks, Recreation and Neighborhood Services Department

Household/Participant Questionnaire (Please Print Legibly)

Leisure Link Identification Number (if known):	
Primary (first & last name)	Secondary (first & last name)
Birth Date/_	
Gender	
Address Line 1/	
Address Line 1/_	
Address Line 2/_	
City, State, Zip	
Home Phone	
Cell Phone/	
Work Phone, Ext	
Email Address/	
Special Accommodations Needed? (Check one) Yes	No: if yes, list below:
Emergency Contact (if a	pplicable)
Primary	
First/Last Name	
Address	
City, State, Zip	
Home Phone	
Cell Phone	
Work Phone, Ext	
Email Address	

Messaging

Would you like to receive text messages via cell phone in addition to mail and phone calls? (Check one) Yes No							
If yes, please list your car	No rier below (Note: stand	ard rates may a	apply):				
Family Member Information							
Additional Adult Househ	· ·	-					
Gender (check one)	Male	Female					
City of Las Vegas Residen			No				
AddressCity, State, Zip							
51							
Cell Phone							
Work Phone, Ext.							
Email Address							
Special Accommodations			o If yes, list below:				
First/Last Name							
Gender (check one)		1	Female				
Birth Date							
City of Las Vegas Residen			No				
Address							
City, State, Zip							
Home Phone							
Cell Phone							
Work Phone, Ext.							
Email Address							
Special Accommodations	Needed? (Check one)	Yes No	If yes, list below:				

Family Member Information

Non Adult Household Members (17 years old or younger)

First/Last Name						
Gender (check one)	er (check one) Male Female					
Birth Date						
School Grade						
City, State, Zip						
		hild for P	rogram a	and Services? (Check one)	Yes	No
If Yes, Provide Name of No						
Special Accommodations	Needed? (Check one)	Yes 	No	If yes, list below:		
First/Last Name						
Gender (check one)	Male		Fer	nale		
Birth Date						
School Grade						
Address (if different from	primary contact)					
City, State, Zip						
Will a Non Custodial Parer	nt Be Registering this Ch	hild for P	rogram a	and Services? (Check one)	Yes	No
If Yes, Provide Name of No						
Special Accommodations	Needed? (Check one)	Yes	No 	If yes, list below:		
First/Last Name						
Gender (check one)	Male		 Fer	nale		
Birth Date				Hare		
City, State, Zip						
			rogram a	and Services? (Check one)	Yes	No
If Yes, Provide Name of No	on Custodial Parent					
Special Accommodations	Needed? (Check one)	Yes	No	If yes, list below:		
First/Last Name						
Gender (check one)	Male		Fer	nale		
Birth Date						
School Grade						
Address (if different from	primary contact)					
City, State, Zip						
		hild for P	rogram a	and Services? (Check one)	Yes	No
If Yes, Provide Name of No						
Special Accommodations	Needed? (Check one)	Yes	No	If yes, list below:		

Family Member Information

Non Adult Household Members (17 years old or younger)

First/Last Name						
Gender (check one)	Male		Female			
Birth Date						
School Grade						
Address (if different from pr	imary contact)					
City, State, Zip						
Will a Non Custodial Parent	Be Registering this Ch	nild for P	rogram a	and Services? (Check one)	Yes	No
If Yes, Provide Name of Non	Custodial Parent					
Special Accommodations Ne	eded? (Check one)	Yes	No	If yes, list below:		
First/Last Name						
Gender (check one)	Male		Eor	 nale		
			геі	IIdle		
School Grade						
Address (if different from pr						
City, State, Zip						
Will a Non Custodial Parent		nild for P	rogram :	and Services? (Check one)	Yes	No
If Yes, Provide Name of Non			i ogranni	and services: (effect offe)	103	140
Special Accommodations Ne		Yes	No	If yes, list below:		
First/Last Name						
Gender (check one)			Fer	male		
Birth Date						
School Grade						
Address (if different from pr	imary contact)					
City, State, Zip						
Will a Non Custodial Parent	Be Registering this Ch	nild for P	rogram a	and Services? (Check one)	Yes	No
If Yes, Provide Name of Non	Custodial Parent					
Special Accommodations Ne	eded? (Check one)	Yes	No	If yes, list below:		
First/Last Name						
Gender (check one)			Fer	male		
Birth Date						
School Grade						
Address (if different from pr	imary contact)					
City, State, Zip						
Will a Non Custodial Parent	Be Registering this Ch	nild for P	rogram a	and Services? (Check one)	Yes	No
If Yes, Provide Name of Non	Custodial Parent					
Special Accommodations Ne	eded? (Check one)	Yes	No	If yes, list below:		